

**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: 438

Date Issued: 21 06 28

| | | | |
|------------------|-----------------------|-------------------|----------------------|
| Customer | EPSON IJP | Attention To | Mr. Gerald De Guzman |
| Item Code | 5157542-00 | Department | PRODUCTION |
| Item Description | INDIVIDUAL BOX PE1 | Date of Detection | 21 06 26 |
| Job Order Number | JO-DRS21-L-00097-6-25 | Section Detected | QA - IN LINE |

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

1000 1510

142

9.40% 14.20%

Nature of Defect:

BURSTING

Requirement:

Bursting is not acceptable in any occurrence

Actual:

W/ bursting and has a length of 120mm

| NO. OF OCCURRENCE | DISPOSITION | AREA OF OCCURRENCE / ORIGIN | | CONTENT |
|---|---|--|---|--|
| <input checked="" type="checkbox"/> First | <input type="checkbox"/> Hold | <input type="checkbox"/> Slotter | <input type="checkbox"/> Gluing | <input type="checkbox"/> Material |
| <input type="checkbox"/> Recurrence | <input type="checkbox"/> Special Acceptance | <input type="checkbox"/> EQOS | <input type="checkbox"/> Vertical | <input type="checkbox"/> Dimension |
| No.: _____ | <input type="checkbox"/> For Rework | <input checked="" type="checkbox"/> Diecut | <input type="checkbox"/> Others: _____ | <input checked="" type="checkbox"/> Appearance |
| Date: _____ | <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Detaching | | <input type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) | |
| Adrian Vergara QA-IE Staff | Mr. Roderick Ramos QA Supervisor | Mr. Rexel Almario QA Asst. Manager | Mr. Gerald De Guzman Head Supervisor | |

I. INVESTIGATION / ANALYSIS

DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)

INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)

| | | | | |
|--------------------|--------|--------------|--------|--------------|
| System / Training | Why 1: | | Why 1: | |
| | Why 2: | | Why 2: | |
| | Why 3: | N/A | Why 3: | N/A |
| | Why 4: | | Why 4: | |
| | Why 5: | | Why 5: | |
| Design / Toolings | Why 1: | | Why 1: | |
| | Why 2: | | Why 2: | |
| | Why 3: | N/A | Why 3: | N/A |
| | Why 4: | | Why 4: | |
| | Why 5: | | Why 5: | |
| Process / Material | Why 1: | | Why 1: | |
| | Why 2: | | Why 2: | |
| | Why 3: | See attached | Why 3: | See attached |
| | Why 4: | | Why 4: | |
| | Why 5: | | Why 5: | |

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INVESTIGATION REPORT FORM (IRF)**FINAL CONCLUSION****OCCURRENCE ROOTCAUSE**

Brittle corrugated boards

OUTFLOW ROOTCAUSE

Random occurrence of bursting

IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)**CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****A. Sorting Result****Actions to be done to eliminate recurrence****Who / When**

| | Location | Total Stock | NG | Total Good |
|-----|----------|-------------|----|------------|
| RM | N/A | | | |
| WIP | N/A | | | |
| FG | N/A | | | |

System

N/A

B. Orientation

Design / Tools

N/A

| | | | |
|-----------|-----|------|-----|
| Date | N/A | Time | N/A |
| Title | N/A | | |
| Attendees | N/A | | |

C. Reworking

Process

See attached

| | |
|--------------------------|-----|
| Rework Quantity | N/A |
| Total Good | N/A |
| Rework Percentage (Good) | N/A |

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)

Date Conducted: 21 06 30

PIC: A. Vergara

Identified Rootcause**Recommendation**

Brittle corrugated boards

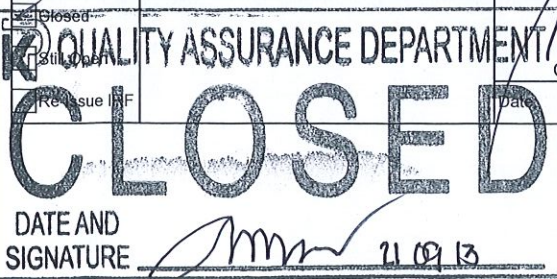
III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)

| | Checked by | Date | Implemented? | Remarks |
|----------------------------|------------|----------|---|---------------------|
| 1st Verification of Action | A. Vergara | 21 06 29 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is implemented |
| 2nd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3rd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Effectiveness of Action | A. Vergara | 21 09 13 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is effective |

Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department to provide new improvement action.

IV. CLOSURE

| Status: | Remarks: | Approved by: | Process Owner Acknowledgment: (Receiving Section) |
|--|-----------------|--------------------------------------|---|
| <input checked="" type="checkbox"/> Closed | | | |
| QA Supervisor | QA Ass. Manager | IRISH MAY L. ESTAREJA Line Leader | Department Head |
| Date: 21 09 13 | Date: 21 09 13 | Date: 21 09 13 | Date: 21 09 13 |



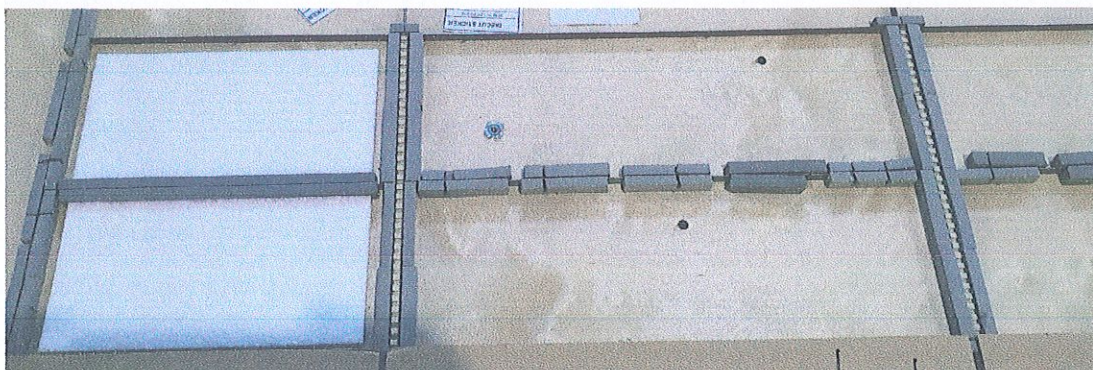
INVESTIGATION REPORT FOR BURSTING OF EPSON IJP 5157542-00

| | |
|---|--|
| DIRECT CAUSE PROCESS/MATERIAL | W1- The brittleness of materials and the ejector sponge in cutting blade is the caused of bursting. |
| | W2- Bursting occurs along the grain direction. |
| | W3- During diecut process the ejector sponge in cutting blade causes bursting specially since the cutting blade is along grain direction. |

| | |
|---|--|
| INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL | W1- Diecut operator did not notice the bursting during sampling due to random occurrence since this item has 2 outs on the blade. |
|---|--|

PRODUCTION CORRECTIVE ACTION

| | | | |
|---|-------------------|---------------------|---------------|
| >Layout Eperan on the affected portion of Epson 515754200 | | | |
| PIC: | PRODUCTION | TARGET DATE: | 210629 |



PREPARED BY:

[Signature] 210629
LEI ANN MARIE AVILES
PROD IE STAFF

APPROVED BY:

[Signature] 210629
WEENA V. APALLA
SR. SUPERVISOR